ATTORNEY

SINED DECLARATION F PAGENT ARLICATION AND POWER ATTO

ATTORNEY'S DOCKET NUMBER SCH-1738

As a below named inventor, I hereby declare that:

My residence, post office address and the are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

## 1,2 DIARYLBENZIMIDAZOLES AND THEIR PHARMACEUTICAL USE

the spec	ification of which (check only one item below):	·	
	is attached hereto.		
	was filed as United States application		
	Serial No. <u>09/759,360</u>		
٠	on16 January 2001		
	and was amended		
·	on	(if applicable).	
0	was filed as PCT international application		
*	Number		
•	on		,
	and was amended under PCT Article 19		
	on	(if applicable)	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of the following United States Provisional Application and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

## PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
United States	60/178,324	27 JAN 00	■ YES □ NO	
			□ YES □ NO	
			□ YES □ NO	
			□ YES □ NO	
			YES NO	

## pined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER SCH-1738

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	PENDING	ABANDONED
	<u> </u>				
					<del>†</del> -
					<u> </u>
PCT APPLICATION NO. PCT FILING DATE		U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); James E. Ruland (37,432); Nancy Axelrod (44,014) and Jennifer J. Branigan (40,921) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599

Telephone No. 703/243-6333

Direct Telephone Calls to: Anthony J. Zelano



PATENT TRADEMARK OFFICE

2 0 1	FULL NAME FAMILY NAME OF INVENTOR HALFBRODT		FIRST GIVEN NAME Wolfgang	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY BERLIN	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	STREET Zu den Fichtewiesen 5	CITY BERLIN	STATE & ZIP CODE/COUNTRY D-13587, GERMANY
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME KUHNKE	FIRST GIVEN NAME Joachim	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY POTSDAM	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	STREET Schlegelstrasse 2	CITY POTSDAM	STATE & ZIP CODE/COUNTRY D-14469, GERMANY
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MOENNING	FIRST GIVEN NAME Ursula	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY WOLTERSDORF	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	STREET Eichendamm 5	CITY WOLTERSDORF	STATE & ZIP CODE/COUNTRY D-15569, GERMANY
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

Combined Declaration for Patent Application and Power of Attorney (Continued)  ATTORNEY'S D SCH-1738						'S DOCKET NUMBER 38			
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVE	SECOND GIVEN NAME		
0 5	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET		СІТУ		STATE & ZIP C	STATE & ZIP CODE/COUNTRY		
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVE	SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	СІТУ		STATE OR FOREIGN COUNTRY		COUNTRY OF	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET		СІТУ		STATE & ZIP C	STATE & ZIP CODE/COUNTRY		
2 0 7	FULL NAME OF INVENTOR			FIRST GIVEN NAME		SECOND GIVE	SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FO	DREIGN COUNTRY	COUNTRY OF	CITIZENSH	]P	
	POST OFFICE ADDRESS	STREET		СІТУ		STATE & ZIP (	STATE & ZIP CODE/COUNTRY		
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVE	SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET		CITY		STATE & ZIP (	STATE & ZIP CODE/COUNTRY		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVE	SECOND GIVEN NAME		
9	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET		CITY		STATE & ZIP	STATE & ZIP CODE/COUNTRY		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.									
SIG	SIGNATURE OF INVENTOR 201  War Man Man 200			103/22	SIGNATURE OF INVENTOR	207	207 DA		
SIGNATURE OF INVENTOR 202			DATE 2601/03/20		SIGNATURE OF INVENTOR	208		DATE	
SIGNATURE OF INVENTOR 203		DATE 200-1/03/22		SIGNATURE OF INVENTOR	209		DATE		
		DATE		SIGNATURE OF INVENTOR	210		DATE		
SIG	SIGNATURE OF INVENTOR 205			SIGNATURE OF INVENTOR 2		211	DATE .		
SIGNATURE OF INVENTOR 206 DATE					SIGNATURE OF INVENTOR	212		DATE	